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Worldwide Report

EPIDEMIOLOGY

No. 195

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CHADIAN REFUGEES IN CAMEROON AFFLICTED BY MEASLES EPIDEMIC

Libreville L'UNION in French 7-8 Jun 80 p 5

[Excerpt] Hard fighting took place all week in N'djamena, particularly around the palace of the presidency of the republic, between the People's Armed Forces of Goukouni Oueddei and the Northern Armed Forces of Hissene Habre. Several hundred civilians crossed the Chari River to take shelter in Cameroon on the other side, in the town of Kouserri where a special camp has been set up to handle the Chadian refugees.

A serious outbreak of measles is now present among the Chadians and has victimized the children of the refugees. The epidemic is also said to have spread rapidly to Cameroonian families and is claiming dozens of victims every day.

For the month of April alone, the official services have recorded nearly 1,000 children stricken by measles. Their parents do not take them to the hospital until the disease has reached an advanced stage.

The burial of the young victims is done without ceremony behind the houses or in the bush; and for a long time now, the mothers have stopped shedding tears: "Their tears have dried up."

8143
CSO: 5400

CHILDREN HOSPITALIZED AFTER RECEIVING DPT VACCINE

Buenos Aires LA PRENSA in Spanish 5 Jul 80 p 14

[Text] The Chaco government released a report related to a mass-scale vaccination of children carried out on 18 and 19 October 1978, in Presidencia Roca, which is said to have caused after-effects among the children as a result of harmful ingredients contained in the doses that were administered.

The official report states that the vaccines known as triple infantile and double infantile anti-diphtheria, anti-tetanus and anti-whooping cough, from the Dupomardoerr laboratories, as well as double adult vaccines from the Piol laboratories, were used in those vaccinations.

The Chaco government communique went on to say that "both chemical companies have the proper authorization from the State Secretariat of Public Health of the Nacion."

In half of the children given the double infantile vaccine (about 200 cases), within a few hours after the injections were administered there were local reactions which were interpreted as being abnormal, causing the immediate stoppage of the campaign. Several bottles of the product were sent to the Dr Carlos Malbran National Institute of Microbiology which, on 26 December, confirmed the presence of harmful ingredients in several of the bottles that were analyzed.

Treatment of Those Stricken

"The majority of the children stricken were treated at the Presidencia Roca hospital, while others received treatment at the Laguna Limpia, General San Martin and Resistencia hospitals, as well as in private institutions. When treated, the children responded favorably. In one case, that of a 9-year-old child who showed a neurological deficiency condition prior to the vaccination, the child was confined in the General San Martin hospital for 8 days. That child was readmitted 3 months later with a cardiorespiratory insufficiency condition, and died while being taken to Resistencia.

"From the analysis of this situation it was concluded that there was no evidence warranting the claim of a relationship between the two conditions, although it is impossible to deny this. In view of the fact that, in 78 of the cases, osteo-articular, hermato-muscular and neurological after-effects were noted among the children, who were treated at the Presidencia Roca hospital and specialized centers in Resistencia, the Ministry of Public Health's Epidemiology Department made constant inspections between December 1978 and December 1979 of the children who were stricken. They supervised the therapeutic measures that were adopted, and made neurological, ophthalmological and electroencephalographic examinations. At the present time, the conditions may be considered to have stabilized, and a special examination is to be made to determine the prognosis of the children, and to advise long-term physical rehabilitation programs."

Vaccination Stopped

In view of this situation, the vaccination was stopped and the pertinent measures were adopted.

"Thus, as has been noted, samples were sent to the Malbran Institute, which made it possible to confirm the dangerous nature of the product, and its use was stopped throughout the provincial area. At the same time, as soon as this confirmation was obtained, the matter was turned over to the state prosecutor's office for the province, to ascertain the feasibility of initiating judicial action.

"The action taken by the state judicial agency to date has made it possible to determine that the parents are directly entitled to take steps to obtain compensation for the damage caused to the health of the children who were vaccinated. In this regard, the state prosecutor's office observes that the potential penal implications would be those resulting from the implementation of the regulation contained in Article 293 of the Penal Code, which calls for penalties and a prison sentence if illness or death results.

"Under these circumstances, and since the parents of the children who were stricken have brought suit against the laboratory involved, Chaco province will intervene in their behalf in the capacity of third parties, providing all the evidence that it has (including the assessment that the product was not fit for human consumption, made by the Malbran Institute). This evidence has already been sent to the intervening court of General San Martin, and the matter has been turned over to the government attorney on duty, so that he may demand a hearing in the event that he considers the incident to be one involving unlawful public action."

2909

CSO: 5400

HEPATITIS CASES IN BUENOS AIRES NEAR 2000

Buenos Aires LA NACION in Spanish 11 Jun 80 p 19

[Text] Bahia Blanca--A total of 1996 cases of hepatitis were officially reported in the province of Buenos Aires, especially in the cities of Junin, Mar del Plata and Bahia Blanca and in Rauch and Azul prior to the floods. This was announced in Bahia Blanca by Dr Jorge Centeno, an official of the Ministry of Health of the province, who was in this city for several days where he held talks with officials of Health Area I.

Dr Centeno stated that the known civilian cases, in addition to those in the military garrison, do not constitute an epidemic, but rather a more extensive outbreak than in previous years. He was adding the present increase to the normal yearly incidence and asserted that last year in the whole province 1134 cases were detected, as against 1996 this year.

He explained however that the figures officially confirmed do not mean that there may not be additional cases, but they reflect the cases reported by private physicians and those recorded at the official outpatient clinics.

Dr Centeno repeated that what is involved is a mild or benign hepatitis which does not produce the characteristic yellowing of the skin and he confirmed that in the judgment of the Ministry of Health the use of gamma globulin is not advisable except in certain cases determined by the respective doctor in charge and in accordance with current standards.

He pointed out that preventive measures for schools had been prescribed, no school closures being advised since this is not necessary provided the sick child is isolated.

He stated that the publicity in Buenos Aires given to the outbreak in Bahia Blanca had caused the authorities some concern but he assured us that the outbreak is under control as well as is the situation in the military establishment.

For its part, the Bahia Blanca Public Health Directorate stated that up to now 90 cases have been recorded in the municipal hospital and in the clinics without any known serious cases.

ARGENTINA

BRIEFS

NATIONAL VACCINATION CAMPAIGN--The Ministry of Public Welfare disclosed that during the current year more than 30 million doses of various vaccines will be administered for the purpose of controlling and eradicating all transmissible diseases based on the fact that this simple and harmless method is the most highly effective and least costly for the population's health needs. The programs now established by the Secretariat of Public Health provide for campaigns against poliomyelitis, measles, diphtheria and whooping cough, and includes BCG of a high immunizing capacity against tuberculosis. This program has been underway in the country for slightly over 10 years, under the supervision, evaluation, financial and technical support of the Secretariat of Public Health, reaching an estimated population of 6.7 million inhabitants all over the country with an estimated 2.7 million persons actually being covered. [Excerpts] [Buenos Aires LA OPINION in Spanish 18 May 80 p 7] 9204

CSO: 5400

BRIEFS

LATHYRISM EPIDEMIC--Jhenidah, 8 May--Lathyrism, a disease with stiffness and paralysis of legs, broke out in six thanas of Jhenidah Sadar, Kotchandpur, Moleshpur, Harinakunda, Sailkupa and Kaliganj of the subdivision in an epidemic form. According to a source, about 5000 people of these thanas have now been suffering from lathyrism. All the victims are now paralysed it is reported. An official source also disclosed that the youth community are mainly the prey to this disease. A medical expert said the rabi crop "kheshari" bears the germ of lathyrism. He also disclosed the people of these areas are taking "kheshari" as important food items for their livelihood for which the lathyrism is spreading rapidly. Another medical source told TIMES, "kheshari" bears a kind of poison of excessive amount named toxyn. He said this toxyn is the main reason for the outbreak of lathyrism. The people of these areas urge the government and the Ministry of Health to control the disease and remove the toxyn-bearing "kheshari" seeds immediately for the greater interest of the youth community. [Text] [Dacca THE BANGLADESH TIMES in English 9 May 80 p 5]

CSO: 5400

MALARIA OUTBREAK REPORTED IN SOUTHERN PACIFIC AREA

Initial Reports

San Jose LA NACION in Spanish 25 Jun 80 p 2A

[Text] An outbreak of malaria in the southern Pacific area was reported yesterday from Golfito.

Dr Leonardo Marranghelo, director of the Epidemiology Department of the Ministry of Health, stated that there are 50 duly diagnosed cases, and said that a plan for preventive treatment for the entire population is already underway.

According to local medical sources, the people in Golfito are alarmed. It was reported yesterday that 24 cases have been diagnosed, 12 of which are in the local hospital and are mostly children who are considered to be in serious condition.

It has also been reported that there could be as many as 60 persons who have the disease because there are many people showing malaria symptoms. This confirms what Dr Marranghelo said when he reported yesterday afternoon that officially the number of cases diagnosed is 50.

All ill persons were treated within a period of 2 days according to what these medical sources reported.

Ministry of Health Confirmation

The Ministry of Health, through Dr Marranghelo, yesterday confirmed the appearance of an outbreak of malaria. He said that National Malaria Eradication Service (SNEM) personnel had been immediately sent out to combat the outbreak in the Corredores area, and they will take strict measures to put an end to the epidemic. Only yesterday a group of people who specialize in taking blood samples were sent to Villa Luz, La Escuadra and Laurel, in Coto Azul--All affected areas--to test all the inhabitants of those areas.

Dr Marranghelo maintains that malaria is brought in by travelers from other countries in the area and that due to extreme vigilance on the part of SNEM the outbreaks are localized from the very beginning and are immediately combated.

However, he pointed out, on this occasion this did not happen since a person coming from El Salvador, where malaria is prevalent, had caught it but had chosen to treat himself, which caused the disease to spread.

He announced the immediate initiation of preventive treatment in the whole area, a measure which is expected to control the epidemic.

He said that malaria has been brought under control but not eradicated in Costa Rica, and he stated that last year there were 300 cases in the entire country, 70 percent of which were imported. He said that this is an insignificant number in comparison to the thousands of cases in other countries in the area.

Thirty-One Cases

San Jose LA NACION in Spanish 27 Jun 80 p 25A

[Text] A total of 31 malaria cases have been confirmed in the laboratory, Dr Leonardo Marranghelo, director of health, stated as he gave details on the outbreak of that disease in the southern part of the country.

Four days ago, when the disease appeared in the area between Golfito, Corredores and Laurel, it was reported that the medical authorities had diagnosed 50 cases. However, when the samples were subjected to laboratory tests the number went down by 19.

Dr Marranghelo also stated that the 31 confirmed cases are of persons who live in Conte, La Esperanza, La Virgen and Bella Luz.

He added that in these places blood samples will be taken from all inhabitants to determine whether any one has the disease in the incubation stage. He estimated at least 3,000 people will be tested.

At the same time he announced that the task of spraying houses with the insecticide Proporsur to eliminate the mosquitoes which transmit the disease has already been started. DDT was previously used in this work but mosquitoes have become resistant to it and that is why Proporsur, a stronger insecticide which costs 10 times as much as DDT, is now being used.

Marranghelo estimated that 1,200 dwellings will be sprayed.

He confirmed that the malaria was introduced by a Honduran who came to the southern area.

The malaria parasite which was the agent of the infection is plasmodium falsetaritum.

About 40 employees of the National Malaria Eradication Service (SNEM) are now working in the affected area in cooperation with the health centers of the Ministry of Health and the Costa Rican Social Security Institute in La Cuesta and Golfito.

"The situation will not change substantially because it is completely under control. We are also satisfied that the number of cases which are definitely confirmed will decrease," Dr Marranghelo concluded.

Malaria is under control but has not been eradicated in Costa Rica. Last year there were 300 cases in the country, which the medical authorities consider low compared to the thousands of cases in other countries.

9:04
CSO: 5400

CALCUTTA OFFICIAL SUGGESTS STEPS AGAINST HEPATITIS

Calcutta THE STATESMAN in English 15 May 80 p 3

[Text]

Dr. G. C. Das, Health Officer, Calcutta Corporation, said on Tuesday that the 17-member expert committee, headed by Dr Narresh Banerjee, had submitted to the Corporation last Friday its suggestions to free the city of infective hepatitis which caused four deaths in the Jambagan area in March. Three hundred cases of the disease were reported in the city between January and April, he added.

The expert committee, he said, had suggested that a surveillance team be set up to collect data and adopt precautionary measures in the disease-prone areas. Medical students would have to be involved in the control measures. Professors of preventive and social medicine of medical institutions would be requested to help the corporation.

Dr Das said that although water was responsible for the outbreaks of infective hepatitis, examinations conducted by the Health Department of Calcutta Corporation and the State Government had found all the water samples, except a

one or two occasions, free of the germ.

During investigation, it was discovered that there was a community bathing platform and a community privy near the Ramboor area. It was suspected that personal hygiene was among the causes for the spread of the disease.

The Expert Committee has suggested the deep tube-well in the area which was out of commission for some time should be made serviceable. In place of the present community bathing arrangement, showers would have to be installed. The Calcutta Metropolitan Development Authority would have to be requested to give priority to the improvement of potable water supply arrangements in the bustee areas.

The suggestions also include special emphasis on the need for clearing the choked drains and latrines and particularly on the removal of garbage regularly from the area.

CSO: 5400

BRIEFS

ANTI-LEPROSY STRATEGY--The Government has decided to bring about a major change in the strategy of fighting leprosy this year through undertaking intensive survey efforts and mass campaign to detect the leprosy cases, reports UNI. Official sources said on Friday initially the new strategy would be tried in the districts of Wardha in Maharashtra and Purulia, both of which are hyper endemic in leprosy. The sources said detection of the cases, particularly of the infectious ones, would be treated with multi-drug therapy combining modern anti-leprotic, and antibiotic to reduce the chances of transmission in the community. The sources said the drugs were being supplied by the Swedish International Development Agency (SIDA) with the cooperation of the World Health Organisation (WHO). The WHO is also providing equipment, vehicles and monetary support. SIDA had recently supplied 2.9 million capsules of lamprine and 2.5 million capsules of refampicin to India. The drug would be partly used in the main leprosy institutes but the bulk of the two drugs would be utilised for intensified crash programme with a multi-drug regime. UNICEF had also provided 3,45,000 [as printed] capsules of lamprine and five teaching sets during 1979-80 for assisting the national leprosy control programme. Under the new strategy, the Government intends to involve mobilisation of government and voluntary agencies' personnel into the selected districts for short periods for carrying out the scheme. [Text: [New Delhi PATRIOT in English 7 Jun 80 p 5]

ENCEPHALITIS REPORT--Neyveli, June 6--Several cases of encephalitis have been reported from Vridhachalam and places around. V. Krishnan (13), a ninth standard student in Vridhachalam, who was admitted to JIPMER, Pondicherry, died of encephalitis on Thursday. A paediatrician in Vridhachalam said he had so far referred eight cases of encephalitis to JIPMER and the Government Headquarters Hospital, Cuddalore. [Text] [Madras THE HINDU in English 7 Jun 80 p 12]

CSO: 5400

BRIEFS

CHOLERA STILL A PROBLEM--All kiosks, both in Nairobi and other urban centers, will be allowed to operate after they have met the required health standards. Addressing members of the press in his office today, the director of medical services, Dr Karuga Koinange, stated that kiosk owners must carry out modifications of their premises including the provision of clean running water. Dr Koinange, who toured the city to inspect anticholera measures, said there had been no cholera cases in the city since 11 June, when he issued a ministerial statement on the disease. He reminded urban dwellers of the need to maintain cleanliness, assuring wananchi that the government does not intend to cause unnecessary suffering to the people who eat at the kiosks. Dr Koinange, who inspected water supplies in the city, expressed satisfaction at the standard of cleanliness at Mathare valley and Kariobangi areas. He disclosed that there was still a problem of cholera in Busia, western Kenya, but he commended the provincial administration for their tireless effort to fight the disease. The director of medical services also disclosed that there had been 15 cases in West Pokot and 5 cases of the disease in Turkana, but there has been no deaths. [Text] [LD171900 Nairobi Domestic Service in English 1600 GMT 17 Jul 80]

CSO: 5400

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

BORDER HEALTH INSPECTION REGULATIONS--Beijing, July 19 (XINHUA)--China's growing international exchange and tourism have prompted the Ministry of Public Health to issue regulations for border inspection for such infectious diseases as influenza, cholera, poliomyelitis, plague, gadeng fever and yellow fever. Inspection will be made of travelers, goods, animals, vehicles, ships, aircraft, food and drinking water entering and leaving China. Information regarding the immunity levels of the population in the surrounding areas of places of entry will also be gathered. [Text] [OW190222 Beijing XINHUA in English 0212 GMT 19 Jul 80]

CSO: 5400

PHILIPPINES

HEALTH MINISTRY TO STEP UP 5-YEAR IMMUNIZATION PLAN

Manila PHILIPPINES DAILY EXPRESS in English 6 Jul 80 p 2

[Text]

THE FIVE-YEAR immunization program of the Ministry of Health against tuberculosis, diphtheria, whooping cough, tetanus and polio will be stepped up this year to cover 70 percent of the nation's susceptible children of three to 36 months old.

The Ministry of Health said about two million children will be extended services under the program which will utilize the \$760,000 worth of vaccines donated by the Rotary International last year.

The BCG vaccine against tuberculosis will be administered together with the administration of the DPT (diphtheria, pertussis, tetanus). Last year, it was given only during the second shot of the DPT vaccine.

DR. JACINTO J. Diaz, director of the Bureau of Health Services, said the anti-TB immunization drive this year will be carried out nationwide.

Diaz said the 1979 BCG immunization program reached 65 percent of the susceptible children. This year's goal, which is 85 percent, is expected to render adequate protection to a greater number of infants and school children.

He said recent improvements achieved in the production of the BCG vaccine will make it possible to administer the vaccine to both school entrants and infants.

He made clear that doctors and nurses, can administer the shots (polio, DPT, BCG) simultaneously without fear of adverse reactions. (PNA)

CSO: 5400

SOUTH KOREA

BRIEFS

HEMORRHAGIC FEVER CASE--Taegu--A hemorrhagic fever case has reportedly occurred here for the first time this year in the country. According to the Kyungpook National University Hospital, No Hi-hwan, a resident of Mojon 2-ri, Hwangyong-gun, Kyongsang Pukto, was identified as a hemorrhagic fever patient. No is 29 years old. No visited the hospital last Wednesday to receive possible medical treatment after suffering from high fever, headache and dizziness for a week, a hospital spokesman said. Korean hemorrhagic fever is said to be caused by viruses carried by ticks that come from rats. [Text] [Seoul THE KOREA TIMES in English 21 Jun 80 p 8]

CSO: 5400

THAILAND

BRIEFS

CHOLERA, TYPHOID RATES INCREASE--It has been found that 28 million Thais suffer from disorders of the intestinal tract. This was disclosed by the Ministry of Public Health, which is concerned about this. This stems from the fact that the water that the people use for drinking is contaminated. Most of the people who are afflicted live in the rural areas. It was disclosed by Mr Somsak Chaiphiphat of the Environmental Health Division, Department of Health, Ministry of Public Health, that according to reports, throughout the world, each day, approximately 26,000 people die from disorders of the intestinal tract that they have contracted from [drinking] water. In Thailand, many people suffer from such disorders and almost every year there are epidemics of such diseases, usually cholera, dysentery and typhoid. In particular, cholera is a very serious disease and every year tens of people die. This shows that environmental sanitation conditions are not good enough. Besides this, serious diseases known as "parasite diseases" are found in almost every part of the country. These diseases arise because of the contaminated water. These diseases are spread by feces, urine and sputum, for example. The causative organisms can grow in such water sources as rivers, canals and creeks. From here, the diseases spread and it is very difficult to prevent this. Even though the death rate from such diseases is very low, the economic losses are very great. To solve this problem, the environmental sanitation conditions must be improved and in this respect Thailand is not as developed as it should be. The water sources must be cleaned up so they are free of filth that may cause such serious diseases. To do this, all people must cooperate and they must help protect the water sources by not discarding filthy things into the water and by being cautious about the water and food that are consumed. [Text] [Bangkok BAN MUANG in Thai 16 Jun 80 pp 1, 2, 16] 11943

HEMORRHAGIC FEVER OUTBREAKS FEARED--The Ministry of Public Health has warned the people to beware of hemorrhagic fever in children. It is thought that there will be very large outbreaks this year since several provinces have already had large numbers of children come down with the disease. Dr Sombun Watcharothai, the director-general of the Communicable Disease Control Department, has stated that, based on statistics concerning the number of children who have come down with hemorrhagic fever this year, it appears that the provinces have reported increasing numbers of children with this disease. This has led to the belief that the number of outbreaks of hemorrhagic fever will increase this year, reaching levels like those of 1977, when the greatest number of children came down with this disease since 1972. As for preventing the disease, there are three things that can be done. The first thing is to spray chemical insecticides to control mosquitoes. The second thing is to put "saiabus" into the various vessels where mosquitoes breed in order to destroy them. The final thing is to educate the people about how to protect themselves. The director-general of the Communicable Disease Control Department stated that mosquitoes that are carriers of hemorrhagic fever come out to feed in the middle of the day. Thus, he recommended that people be careful and not allow children to sleep in dark places. If a child starts running a high fever and is lethargic, it can be assumed that he may have hemorrhagic fever and he should be taken to a doctor for an examination. [Text] [Bangkok SIAM RAT in Thai 19 Jun 80 p 37 11943

LEPROSY RATE DROPS--Of the 100,000 people found to have leprosy, 40,000 have been cured. But efforts to treat and control leprosy must continue because another 41 percent of the people with leprosy have not come for treatment. Dr Sombun Watcharothai, the director-general of the Communicable Disease Control Department, has disclosed that the results that have been achieved since the beginning to the present in the attempt to control leprosy have been satisfactory. Of the 100,000 people found to have leprosy, it has been possible to cure approximately 40,000 and about 34,000 people are presently being treated at home. This has reduced the leprosy rate from 5 people per 1,000 to only 0.9 people per 1,000. However, the trend mentioned above does not mean that leprosy is no longer a public health problem. Because, it appears that about another 41 percent have not come for treatment and in some areas such as in the northeast, the rate of affliction is still high, with some places having a rate of three people per 1,000. Thus, the treatment and control of leprosy must continue. [Text] [Bangkok SIAM RAT in Thai 14 Jun 80 p 3] 11943

CIO: 5400

HANOI HALTS HEMORRHAGIC FEVER REOCCURRENCE

Hanoi HANOI MOI in Vietnamese 17 Jun 80 p 4

Article by Dr. Ha Xuan Tan: "On Guard Against Hemorrhagic Fever"

Text At the beginning of this June, the municipal hygiene and epidemic prevention station and the Thach That District medical bureau discovered the first hemorrhagic fever in Huu Bang Village. The Medical Service immediately sent a disease prevention unit from the city and a mobile treatment unit from Son Tay Hospital and Thach That Hospital down to stamp out the disease.

With a spirit of urgent epidemic resistance, after only 3 days, all homes were sprayed with insecticide, fish were released in the ponds to kill mosquito larvae and patients were treated immediately in the village dispensary. Therefore, this outbreak of hemorrhagic fever has been halted. Nevertheless, this is also a warning to the government and medical organizations at all levels that they must be vigilant and take precautions. This is the first time that hemorrhagic fever has occurred in the city's rural area since the outbreak in 1969. Therefore, medical facilities, from the municipal down to the district, village, agency and enterprise level, must:

1. Organize widespread propaganda among the people for full understanding on preventing hemorrhagic fever. In order to resist the Aedes aegypti mosquito (the primary species of mosquito transmitting hemorrhagic fever), every individual and home must maintain clean houses, yards and gardens, use simple methods (scrubbing and washing, covering and raising fish) to eradicate larvae in jars, ponds and ditches and use nets to prevent mosquito bites.
2. Medical cadres in all primary level units must truly promptly discover the first cases of hemorrhagic fever in order to isolate, treat and simultaneously prevent the disease from spreading.
3. The hygiene and epidemic prevention unit is the key element in discovering and organizing efforts to stamp out the disease.

In the newly combined districts, it is necessary to strengthen the cadre forces in order to establish and build hygiene and epidemic prevention units, to rapidly grasp their speciality, to prepare machinery and chemicals and to arrange inspection of the hemorrhagic fever mosquito density in key locations; in any location where an outbreak of hemorrhagic fever is discovered, efforts must be made to organize and stamp out the disease by the most rapid means possible.

VIETNAM

BRIEFS

ANTIMALARIA RESULTS--The Central Vietnam Malaria Institute recently held a conference in Gia Lai-Cong Tum to review the results of the antimalaria work in the provinces in central Vietnam and the central highlands during the first half of 1980 and to discuss measures to step up this work in the days ahead. To date the number of malaria victims in central Vietnam and the central highlands has dropped to 1.59 percent of the population, decreasing by 1.5 times compared to the first half of 1979, and the number of malaria victims in Nghia Binh, Phu Khanh and Gia Lai-Cong Tum has reduced by 2 times compared to the same period last year. [Text] [Hanoi Domestic Service in Vietnamese 0400 GMT 15 Jul 80]

CSO: 5400

ECONOMY SAID THREATENED BY ENDEMIC DISEASES

Salisbury THE HERALD in English 15 Jul 80 p 6

[Editorial: "War on Disease"]

[Text]

ONE vital aspect of the country's economic wellbeing took a back seat in recent years because of the physical inability of the departments concerned to get into the TTLs and other remote areas such as game parks along the borders.

So diseases endemic to this part of Africa have flourished. Diseases such as those caused by the tsetse fly, foot and mouth, and that most dreadful one of all—rabies.

Anthrax, too, has reared its ugly head again in recent months, but now that remoter regions are now more accessible, plans are already under way to tackle some of these diseases. The way in which the war affected the drive to eliminate rabies is best illustrated by figures given for the Charter area where 60 000 vaccinations a year of dogs fell to 3 000.

Tsetse fly has again crept back across parts of the country which at one time were comparatively free of it. None of these diseases follows international boundaries of course and it is therefore pleasing to note that Zimbabwe and Mozambique are to co-operate along the border to ensure that effective warfare is carried out on the fly.

Similar co-operation is needed between other countries with which we share a common border, such as Botswana and Zambia.

The quicker disease-ridden parts of the country can be opened up again for development the better.

CSO: 5400

BRIEFS

FLU DEATHS--Bulawayo--Several elderly people here have died after contracting flu and pneumonia in a recent epidemic, according to Dr A. M. Grahame-Ballin, a senior medical officer with the City Health Department. She said yesterday that the situation was bad. "Some people are leaving it too late before seeking medical advice and are contracting gastric flu and pneumonia. If people visit a doctor or clinic within 24 hours of contracting the virus then the epidemic can be brought under control. The Khami Road clinic is unable to cope with the influx of flu sufferers but we are doing our best," she said. She said an improvement in the weather might overcome the problem, but urged that people with flu should consult a doctor, go to bed and take prescribed medication. Bulawayo chemists say they have recently experienced greatly increased demand for flu medication. [Text] [Salisbury THE HERALD in English 11 Jul 80 p 1]

FLU EPIDEMIC--Bulawayo--General practitioners in Bulawayo had been inundated with patients suffering from influenza, Dr G. Stratfold, secretary of the Bulawayo branch of the Zimbabwe Medical Association, said yesterday. Asked to comment on the seriousness of the outbreak, Dr Stratfold said: "It affects different people in different ways and many are developing bronchitis. There is very little we can do unless ailments such as bronchitis develop. There are also instances of people recovering from flu and then catching it again shortly afterwards. It affects all ages although older people are more susceptible and it is more severe on them. It is not really unusual for this time of year, but it is the severest since about 1970." He said that it was a widespread flu but he did not know of any deaths. Viral studies could not be done in Zimbabwe but he suspected it could be a Texan strain. [Excerpt] [Salisbury THE HERALD in English 15 Jul 80 p 2]

CSO: 5400

PORUGAL

BRIEFS

FOOT-AND-MOUTH DISEASE--Three hundred seventy head of cattle and 208 pigs were stricken by the current outbreak of foot-and-mouth disease, the director general of the Ministry of Agriculture and Fisheries' Veterinary Services stated. "Despite the control measures," states a note from the Veterinary Services, "new outbreaks have appeared throughout Portugal." The disease is reported to be benign, causing low mortality. The last outbreak of foot-and-mouth disease in Portugal occurred in 1971 so that this time around health officials were caught by surprise. The disease has particularly struck the coastal area between the Tagus River and the north and the windward side of the Algarve. [Text] [Lisbon C JORNAL in Portuguese 20-26 Jun 80 p 46]

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THAILAND

BRIEFS

SURAT THANI FOOT-AND-MOUTH DISEASE--Police Colonel Krit BangKhaap, the deputy minister of agriculture and cooperatives, has ordered a halt to the export of all cattle and water buffalo from Surat Thani Province to Malaysia and, therefore, the sales contracts signed in advance will have to be broken. The reason for this is that last week, on 6 June, a telegram was received from Surat Thani stating that there had been an outbreak of foot-and-mouth disease in this area even though this area was free of this disease. Besides halting the export [of such animals], the movement of cattle and buffaloes into and out of Surat Thani Province has been prohibited, regardless of whether they are to be used for labor or consumption. The Ministry of Agriculture and Cooperatives has sent 200 veterinarians to make an inspection and find a way to protect [the animals]. When the veterinarians affirm that the area is free of the disease, the order mentioned above will be lifted. As for the reason why this disease has spread, Police Colonel Krit stated that Surat Thani is an area where animals can be smuggled in from Burma. Also, things are lax in preventing the smuggling of animals into the country and this has caused the disease to spread. The order mentioned above does not apply to the cattle and buffaloes in other provinces and they can be bought and sold as usual. [Text] [Bangkok BAW HUNIC in Thai 14 Jun 80 p 6] 11943

C.O: 5400

CHARTER AREA HIT BY RABIES OUTBREAK

Salisbury THE HERALD in English 11 Jul 80 p 11

(Text)

THE effects of the war, which drastically reduced vaccination programmes for dogs, and the increase of the jackal population, have contributed to the incidence of rabies in the Charter area.

The Chief Animal Health Inspector for the Midlands, Mr Peter Benson, said on Wednesday there was "a bit of a problem" in the area but that all necessary precautions were being taken.

The disease entered the Enkeldoorn area about seven or eight months ago, he said, having slowly infiltrated in from Lephaleni through Que Que.

He stressed that the outbreak, as it affected Enkeldoorn itself, was by no means an epidemic. The only possible threat to the town had been a rabid dog, which ran loose for about 28 hours, but it was destroyed last week.

As a result, Enkeldoorn's Animal Health Inspector, Mr Wynand Steyn, had issued a "tie-up" order effective from

Tuesday for 30 days confining all dogs to their premises. Wandering dogs that could not be identified or were suspected of having the disease would be destroyed immediately.

Mr Benson estimated that before the war about 60 000 dogs were inoculated in the Charter area each year. This figure had fallen to only 3 000 or less.

The other cause was the jackal which was one of the most prolific carriers of rabies.

Mr Steyn said it was difficult to estimate how many cattle had been lost in the area. Farmers often found their beasts dead and in some cases partly decomposed, making accurate diagnoses difficult.

With the war over and greater access to the Ttle now a reality, Government services were planning, and in some areas already carrying out, major vaccination programmes, Mr Benson said. A similar programme would soon be carried out in the Charter area.

CSO: 5400

TOTAL ERADICATION OF BLUE MOLD AFFECTED AREAS DEMANDED

Havana GRANMA in Spanish 17 Jun 80 p 3

[Article by Jose Norniella]

(Text) The General Plant Health Directorate of the Ministry of Agriculture has set forth two measures of extreme importance in the fight to wipe out blue mold during this phase in which the new tobacco season begins. They are: 1) the destruction of anything left from the past harvest, both in the state and private farm sectors; and 2) discussion with smokers so that they will not plant tobacco for their own use for the time being.

Both measures must be applied now that land to be planted in tobacco during the new season is being chosen and prepared. If anything remaining from the past season is destroyed and if no privately grown tobacco is planted for the time being, it will be possible to reduce to a great extent the degree of infestation caused by blue mold and better phytosanitary conditions will exist and help protect new plants against the disease.

This explains the very great importance of the two measures during this initial phase of the tobacco season, when land to be planted is being chosen and readied. All provinces must work intensely in order for the measures to succeed.

Based on the latest information received from the General Plant Health Directorate, Pinar del Rio, Villa Clara and Holguin, the government sector has destroyed all the crops planted last year, but due to the poor quality of the work in some places, scattered plants have sprouted and must be eradicated. In Mayari, Holguin, tobacco plants are growing in cornfields and must be destroyed.

Sancti Spiritus, Ciego de Avila, Las Tunas and Granma have concluded the work of destroying plants in the state sector.

Havana, whose plains produce the tobacco that has brought us so much fame in the world, has completed its plant-killing plan and has talked with farmers so that they will not plant tobacco for their own use for the time being. These areas are considerably smaller in size.

In all provinces where tobacco is grown, the farm sector has worked hard to destroy the remainder of the crop. In Pinar del Rio, 17 caballerias [1 caballeria = 33.2 acres] remained and Minas and San Luis were the municipalities that were the most behind in the battle against the blue mold. On the El Palmar plantation in Florencia, Ciego de Avila, over 1 caballeria had not been destroyed and the same was true in areas in Granma Province. The other areas have completed their work satisfactorily. However, all provinces except Havana are behind in discussions with private growers so that they will not plant their own tobacco for the time being.

These two measures will be applied so as to erect a barrier of some 90 days during which there will not be a single tobacco plant in the fields, thereby guaranteeing the death of the largest possible quantity of blue mold when it will no longer have a host plant.

Any tobacco plant not destroyed now endangers not only the crop in that same field, but the entire country's harvest.

Blue mold is a fungus that can be effectively fought and eradicated by introducing technological changes, using new techniques and strictly complying with phytosanitary guidelines.

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CSO: 3400

DENMARK

BRIEFS

COLORADO BEETLE ON FYN--The State Plant Inspectorate is surprised over the discovery of a Colorado beetle and larvae in a potato field in the middle of Fyn. The discovery was made by a farmer in the vicinity of Nørre Broby, who immediately alarmed the State Plant Inspectorate after himself having begun a fight by spraying. "The Colorado beetle attack took us completely by surprise, because it is very seldom that beetles turn up in the middle of the country," reports State Plant Inspectorate Department Chief Henning Andersen. "We have not been able to find an explanation for this occurrence." [Text] [Copenhagen BERLINGSKE TIDENDE in Danish 5 Jul 80 p 3] 8985

CSO: 5400

VIETNAM

MEASURES TO CONTROL BROWN PLANTHOPPERS REVIEWED

Hanoi LAO DONG in Vietnamese 22 May 80 p 10

[Article by Phan Long: "Defeat the Brown Planthoppers"]

[Text] An epidemic of harmful insects--especially the brown planthoppers--broke out suddenly in late 1979 and spread to a vast area from Ben Tre to Tien Giang and Long An. The scale and severity of this epidemic increased with each passing day. When the winter-spring crop was being grown at the beginning of that year, the cultivated area where brown planthoppers made their appearance was only 35,000 hectares. By the end of that year, the area infested by these insects rose to 163,000 hectares. Consequently, the crop was completely lost on 15,000 hectares and its yield was reduced by 50 percent on more than 100,000 hectares.

On the threshold of 1978, the brown planthopper epidemic expanded from the Mekong Delta provinces to the coastal provinces of Central Vietnam and caused great losses. These pests caused a loss of 1 million tons of paddy in 1980 alone. By then, the brown planthopper epidemic turned out to be a real challenge to the local revolutionary administration and people in the new liberated areas. Indeed, until then--that is, successively in the years 1969, 1972, 1973, and 1975--the brown planthopper epidemic had repeatedly occurred in the southern provinces but had never reached such an extent and caused such a damage. The brown planthoppers indeed posed a constant threat to the rice-cultivated areas in Southeast Asia and no one believed in the possibility of exterminating them to save rice plants from destruction.

Faced with this situation, many people were worried and pessimistic. A UN specialist cautiously recommended a slow down in multicropping and a stop to the cultivation of new rice strains. Contrary to these tendencies, the Vegetation Protection Department of the Ministry of Agriculture immediately sent half of its scientific cadres to the southern provinces when the epidemic broke out. These cadres belonged to the contingent of experienced

scientific-technical cadres who had successfully fought the "thorny worm" (saau gai) epidemic prevalent in 8 Bac Bo provinces in 1954 and 1955 and the rice yellows epidemic from 1968 to 1971. Minister Nghiem Xuan Yem's directive said that, like the "thorny worms" in the past, the brown planthoppers should be exterminated at all costs and that the goal set forth was to try and exterminate them in 2 or 3 years.

This problem was large-scale and very complex one, however. In the southern provinces, after highly productive, short-stemmed new rice strains were grown a large quantity of chemical fertilizers applied, the brown planthoppers epidemic broke out repeatedly in many years. Therefore, though the government was deeply concerned and had to unexpectedly spend over 3 million dollars buying foreign insecticides, it was still necessary to carefully study the problem of exterminating brown planthoppers in order to draw up a prevention and control plan for the future and to perfect an overall program to exterminate them.

Many complex questions were raised: Why did insects and diseases--mainly the brown planthoppers--cause greater and greater damage? Was there any way to overcome them? If this was possible, what conditions were necessary? To be able to answer these questions, the scientific-technical cadres of the Vegetation Protection Department visited each and every district and village in a concerted offensive campaign directly led by the Ministry of Agriculture. With the aid of different sectors, units and localities, many meetings were convened to exchange views, a series of experiments and surveys conducted, and the result of scientific research and that of the tests conducted and experiences gained by the masses summed up, announced and promptly disseminated. With their diligent spirit, the scientific-technical cadres of the Vegetation Protection Department completed an overall program for the prevention and control of rice insects and diseases--mainly the brown planthoppers--in the southern provinces.

This program was promulgated by the Ministry of Agriculture in early August 1978. The provisions set forth in the program were relatively comprehensive and specific, consistent with the actual situation in our country and based on scientific data and production realities. On the principle that prevention was of primary importance, the program indicated highly effective prevention and control measures dealing with the need to develop planthopper resistant rice strains and rapidly commission them, to clearly delimit agricultural seasons for each large region, to quickly stop the habit of sporadically carrying out sowing and transplanting throughout the year, to properly sanitize fields, to destroy planthoppers by different methods and so forth.

The overall program and specific measures to prevent and control brown planthoppers were quickly disseminated during the 1978 summer-fall season. Chau Thanh and Cho Go Districts in Tien Giang Province and Chau Thanh District in Ben Tre Province were the first units to reap good result from the

application of planthopper control measures. The brown planthopper epidemic was basically limited in the 1979 winter-spring and summer-fall seasons when three measures--cultivation of planthopper-resistant rice strains, neat completion of tasks for each agricultural season and earnest extermination of planthoppers where they teemed--were closely coordinated. The result was much better in the 1979-1980 winter-spring season. The goal of defeating the brown planthopper pest in 1980 has thus been achieved a year ahead of schedule.

The overall program for the extermination of brown planthoppers reflects the determination of the scientific-technical cadres of the Vegetation Protection Department to serve agriculture and has brought about a good result. With the brown planthopper epidemic basically limited, it has been possible to increase paddy yield by 1 million tons, to reduce the purchase of planthopper insecticide by 3 to 5 million dollars and to save thousands of liters of fuel and workdays...Through this campaign, almost all the southern provinces have set up vegetation protection organizations and have obviously improved their knowledge of ways to prevent and control harmful insects and diseases.

The achievements of the collective of scientific-technical cadres of the Vegetation Protection Department of the Ministry of Agriculture mark a great victory on the agricultural production front of our country over the recent past. Immediately after peace was restored in 1954, we defeated the "thorny worm" epidemic. After agricultural cooperativization was completed in North Vietnam, we vanquished the rice yellows. This time within only a short time following the liberation of South Vietnam, we triumphed over the brown planthopper epidemic. Won in three different historic phases of our country, these three victories not only represent the exploit and maturity of the contingent of vegetation protection cadres of our country but also eloquently demonstrate the good nature of the socialist system.

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CSO: 5400

NEW REGULATIONS ON PLANT QUARANTINE ISSUED

BK211608 Hanoi Domestic Service in Vietnamese 0400 GMT 21 Jul 80

[Text] Based on the need to protect agricultural and forestry production in support of domestic circulation and economic and scientific-technological relations with foreign countries, the Council of Ministers on 14 July issued a decree promulgating regulations on plant quarantine.

The purpose of plant quarantine is to prevent harmful insects, diseases and weeds from spreading among the various regions in the country as well as between our country and foreign countries in order to satisfactorily protect vegetation and its associated products in support of domestic circulation and economic and scientific-technological relations between our country and other countries.

The harmful insects, diseases and weeds contained in the list of harmful insects, diseases and weeds that are subjected to the SRV's plant quarantine as announced by the Minister of Agriculture, are those that may possibly be introduced from abroad into Vietnam or spread from one region to another in the country. They are subjected to quarantine as provided for in contracts or treaties for the delivery of goods signed between our country and foreign countries.

The items, means and equipment that are subjected to plant quarantine consist of plants; parts of plants and products made of them; their processing equipment, transportation means, packing and lining materials; sources of diseases; dead or alive weeds; soil samples; potted plant soil; and products that are not of botanical origin but capable of acting as a carrier of harmful insects, diseases and weeds. The abovementioned items, means and equipment must go through quarantine upon entering Vietnam, passing in transit, being transported out of a plague-stricken area in the country, or being exported to countries that have signed contracts or treaties on plant quarantine with our country.

Plant quarantine will be organized at points of entry and in the various regions in the country. Plant quarantine stations will be set up at points of entry--namely railway stations, ports of entry, border land routes, sea

estuaries, seaports, airports and foreign mail processing centers. If samples of items are found to be uncontaminated, the plant quarantine organ must immediately issue a certificate to the owner. If contamination is found, the quarantine organ must immediately announce the measures to be taken.

Upon transporting such items inland from a point of entry, the owner must pack them carefully to avoid littering en route and have the certificate issued by the plant quarantine organ for each batch of items ready for inspection when necessary. The declared routes and loading and unloading points must be observed. In case changes have to be made on the declared transportation plan, the owner must immediately notify the nearest plant quarantine organ for approval.

When a vessel carrying items which are subject to quarantine is in distress and finds itself at our coast or when such items jettisoned into the sea from vessels or aircraft are washed onto Vietnam's shore, the vessel's owner or the first discoverer of those items must notify the local administration or the nearest plant quarantine organ so that quarantine procedures can be taken.

In various regions of the country where there are units engaged in the production, processing, experimentation or storage of items that are subject to plant quarantine, the heads of such units or chairmen of cooperatives--in the case of collective economic units--are responsible for maintaining a permanent watch on the status of harmful insects, diseases and weeds in the areas under their jurisdiction. If the appearance of harmful insects, diseases and weeds which are subject to plant quarantine is suspected or discovered, they must carry out measures to contain and eliminate them and must report the matter to the local people's committee and the nearest plant quarantine or plant protection organ within no more than 12 hours.

If such harmful insects, diseases and weeds appear in an area, that area will be considered as stricken by vegetation plague; and the plant quarantine organ must immediately report the matter to the people's committee at the corresponding level so that measures can be taken to promptly contain and eliminate it. Upon receiving such a report, the chairman of the district, provincial or municipal people's committee or the minister of agriculture must verify it and, if the plague is found to be true, must make a public announcement of vegetation plague within 24 hours of the report on the plague being received.

The announcement of vegetation plague must be immediately dispatched to the various organs, collectives and individuals responsible for containing and eliminating the plague. This announcement must also be posted along communications lines leading to and from the plague-stricken area and at public places in that area. In the announcement, it is necessary to list the measures that must be taken to move the items that are subjected to plant

quarantine out of the stricken area. Temporary plant quarantine stations must be set up immediately at key points commanding all entries to and exits from the stricken area. Procedures, duration and places for quarantine must be posted there; and when the plague ends, an announcement must be made to that effect.

These regulations are mandatory to all owners of items that are subject to plant quarantine, including owners who are domestic or foreign organizations and individuals; and all previous regulations are hereby rescinded.

All customs and postal organs and units of the security and border defense forces are responsible for coordinating with the plant quarantine organs to investigate, prevent and discover violations of the plant quarantine system.

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August 24, 1980

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